Gender-based Violence Policy

Policy Category	Corporate		
Policy Owner	Chief Executive Officer (Higher Education Principal Executive Officer)		
Responsible for Implementation	General Manager and designated specialist response lead		
Next review date	Within three years of approval, or earlier if required		
Relevant to	IGI prospective and current students, staff, and relevant third parties (including Education Agents).		
Related Documents	Complaints and Appeals Policy Complaints and Appeals Procedure Critical Incident Policy Critical Incident Procedure Diversity, Equity and Inclusion Policy Gender-based Violence Procedure Student Privacy Policy Support for Students Policy Support for Students Procedure Student Code of Conduct Staff Code of Conduct		
Version	**Authorised by**	**Approval Date**	**Effective date**
1.2 (Draft)	Board of Directors	09/10/26	09/10/26

1. Purpose

This Policy sets IGI's whole-of-organisation approach to preventing and responding to all gender-based violence (GBV), including sexual assault and sexual harassment. It implements the seven standards of the National Higher Education Code to Prevent and Respond to Gender-based Violence 2025 (the GBV Code), which applies to IGI from 1 January 2027. This Policy replaces the former Sexual Assault and Sexual Harassment Policy on approval; references to that former title refer to this framework. Current safety, support and legal duties continue before commencement.

2. Definitions

Item	Definition
Consent	Consent to sexual activity must be free, voluntary, informed, specific and ongoing. A person can withdraw consent at any time. Silence, lack of resistance, a prior relationship or agreement to another act does not establish consent. A person who lacks capacity, including through sleep, unconsciousness or intoxication, cannot consent. Apply the applicable jurisdiction's consent law; an IGI finding is not a criminal conviction.
Gender-based violence (GBV)	GBV has the meaning defined in the GBV Code: gender-based physical or non-physical violence, harassment, abuse or threats causing, or likely to cause, harm, coercion, control, fear or loss of liberty or autonomy. It includes sexual assault and harassment, domestic and family violence, coercive control, stalking, technology-facilitated abuse and gender-based threats; it is not limited to sexual conduct.

Item	Definition
Student	For this Policy, students include: • any person enrolled with IGI or undertaking an IGI course or unit of study; • students in award, non-award, enabling, bridging, foundation and any vocational education offerings; • students on approved leave, in any study mode or location; • former or prospective students seeking assistance or reporting a matter; IGI explains any limits on its disciplinary jurisdiction without refusing appropriate support or referral.
International student (or Overseas Student)	A person who is required to hold an Australian student visa for the purpose of study in Australia as defined by the ESOS Act.
Sexual assault	Sexual activity without the other person's consent; physical force is not required for conduct to constitute sexual assault. Applicable criminal offences and definitions are determined under the relevant law.
Sexual harassment	An unwelcome sexual advance, request for sexual favours or other unwelcome conduct of a sexual nature where a reasonable person, considering the circumstances, would anticipate the possibility of offence, humiliation or intimidation. Conduct may be verbal, written, physical or online.

Disclosure: sharing information with IGI about a person's experience of GBV, by that person or someone else. Discloser: the person who experienced GBV. A disclosure may seek assistance without requesting investigation.

Formal report: information provided through IGI's formal reporting channels seeking consideration of action beyond support, including investigation or discipline. Staff must explain and confirm the route; a form is not mandatory. Respondent: a person alleged to have engaged in GBV, without prejudging a finding.

Accredited specialist: a psychologist, social worker or counsellor registered or accredited with the relevant professional body, with formal GBV/trauma-informed training and competence for the relevant cohorts. Staff means workers under the Model Work Health and Safety Act definition. Other defined terms, including affiliation, control and student accommodation, have the meanings in the GBV Code.

3. Scope

This Policy applies to students, the CEO and Board of Directors, staff as workers (including employees, contractors and volunteers), affiliated organisations and entities acting for IGI, including those operating on or using its facilities. Visitors and other third parties may report concerns. All GBV is unacceptable.

IGI responds proportionately and safely when its students or staff experience or engage in GBV wherever it occurs, including outside Australia or without a campus connection. The following examples do not limit scope:

- at all physical and digital campuses (including accommodation);
- use of IGI's equipment (e.g. technology, facilities, etc.);
- in attendance at an event or activity;
- acting as a representative of IGI (e.g. placements, exchanges, etc.);
- deployed on IGI business.

4. Policy statement

4.1. Safety, dignity, prevention and fair response take priority over reputation or commercial interests. IGI will act on gender inequality, abuses of power and other drivers of GBV, provide support and reasonable adjustments, protect against reprisal and impose proportionate sanctions where conduct is substantiated through a fair process. There is no requirement for a police report, physical evidence or completed complaint form to access support.

5. Principles

IGI is committed to the following principles that underpin this Policy:

5.1. Prevention combines education, safe systems, inclusive leadership and accountability. IGI addresses gender stereotypes, tolerance of violence, unequal power, discrimination and organisational conditions that permit harm, including risks affecting international students, insecure workers and other groups in IGI's context.

5.2. Responses are person-centred and trauma-informed: prioritise safety, choice, trust, collaboration and empowerment, consider the discloser's views and avoid unnecessary repetition. Provide culturally safe and accessible assistance.

5.3. A disclosure does not automatically become an investigation. Discuss available pathways and the discloser's wishes; assess and manage risk in every case. Investigate every formal report where the respondent is an IGI student or staff member, subject to the GBV Code's scope requirements.

5.4. People may seek support, make a disclosure or formal report, or contact police or another external body independently and in any order. Explain any mandatory reporting, safety-related action or jurisdictional limit. Do not pressure a person into informal resolution, withdrawal or silence.

5.5. Publish plain-English policy, procedure, reporting and support information in accessible formats that can be translated for IGI's cohorts. Provide in-person, telephone, email and online channels, including anonymous reporting and third-party reports about IGI students or staff.

5.6. Respondents receive procedural fairness, including an unbiased decision-maker, sufficient information about allegations and adverse material, a reasonable opportunity to respond and independent review. Interim safety measures are risk controls and do not establish guilt.

5.7. Offer tailored support and academic or work adjustments whether or not a person wants an investigation. Support must be separate from investigation and disciplinary decisions; the same staff member must never support both discloser and respondent.

5.8. Use consent-based hand-offs and necessary records to minimise repeated recounting. A delayed report, fragmented memory or absence of physical evidence is not by itself a reason to reject a report or presume it is false.

5.9. Recognise intersecting disadvantage, including experiences of women, First Nations people, culturally and linguistically diverse communities, people with disability and people of diverse sexual orientation and gender identity. Engage appropriate specialists and interpreters; do not assume that one support option suits everyone.

5.10. Confidentiality protects safety, privacy and fair process. It must not restrict discussion of lived experience or access to trusted people, support, advice, advocacy, external complaints or justice. Explain purpose, scope, recipients, exceptions and start/end of any necessary process restriction; it ends at the end of that process. IGI continues to protect its records under privacy law.

6. Roles and responsibilities

6.1. The Board of Directors approves this Policy and Procedure, endorses the Prevention and Response Plan and amendments, assures resources and safety expertise within its membership or a directly reporting delegated subcommittee, and reviews de-identified outcomes at least every six months.

6.2. The CEO, as Higher Education Principal Executive Officer, remains accountable for GBV Code compliance, owns and leads the Prevention and Response Plan, Gender Equality Action Plan and outcomes framework, and ensures required regulatory submissions and justified process extensions. Operational delegation does not transfer this accountability.

6.3. The General Manager coordinates implementation for the CEO and is responsible for:

- maintaining the implementation and risk/action registers, arranging trained specialist capacity, and preparing de-identified assurance reports for the CEO and Board of Directors;

- implementing and verifying corrective actions and coordinating secure records, contracts, communications and staff training.

6.4. The CEO designates a specialist GBV response lead and deputy with verified expertise and independence, using external specialists where necessary. Student Services provides an accessible intake route and arranges safe referral; an ordinary administrative or counselling appointment does not establish specialist competence.

6.5. The Dean arranges academic adjustments and education with the Learning and Teaching Committee and Academic Board. Staff managers arrange workplace adjustments. All students and staff must act respectfully, complete required education and avoid retaliation; staff receiving a disclosure provide a safe first response and referral within their competence.

7. Accountable leadership and governance – GBV Code Standard 1

7.1. The CEO leads the preparation, implementation and website publication of a Whole-of-Organisation Prevention and Response Plan, including a Gender Equality Action Plan, and an outcomes framework. Use the GBV Regulator's mandatory NUHEP template. The Plan must address all seven standards, IGI-specific drivers, systemic risks, barriers and enablers across operations and any relevant accommodation, with actions, owners, resources and due dates.

7.2. Develop and implement the Plan through meaningful, safe collaboration with students and staff, including people with lived experience and disproportionately affected groups, and specialist expertise. Participation is voluntary and supported; do not require disclosure of personal experiences. Record how views influenced decisions. Analyse institutional and relevant public evidence, previous disclosures/formal reports, service gaps and systemic barriers. The Board endorses the Plan and every amendment.

7.3. The outcomes framework measures whether actions improve safety, access, trust, response quality and gender equality. Include baselines, targets, data sources, responsible officers and review dates; interpret report volumes in context. Report de-identified incidents, trends, progress and gaps to the Board at least six-monthly and escalate serious control failures promptly. The CEO submits reports and revised Plans as required and responds to regulator feedback within the specified time.

8. Safe environments and systems – GBV Code Standard 2

8.1. The General Manager embeds prevention in recruitment, promotion, conduct, contracts, supervision, teaching, digital systems and facilities. Before engagement, ask prospective employees and Board members to declare prior GBV investigations or determinations in previous employment or legal processes. Assess relevance, reliability, risk and suitability fairly; a declaration is not automatic proof or exclusion. Verify applicable working-with-children clearances and address material risks involving non-employee workers. Consider IGI-substantiated GBV in promotion, recognition and reward decisions.

8.2. Employees must declare existing or previous intimate personal relationships where they have, or may have, supervisory, oversight, academic or other decision-making authority over another employee or student. The General Manager arranges a documented conflict/risk plan, including permanent alternative teaching, supervision or working arrangements where necessary. Matters involving the General Manager go to the CEO, and matters involving the CEO go to uninvolved Board members. Declarations are restricted and do not replace action on harmful conduct.

8.3. Review this Policy and Procedure at least every three years, and earlier when risks, evidence or law require, through student, employee, survivor and affected-cohort engagement. The CEO ensures alignment across complaints, conduct, human resources, privacy, support, critical incidents and third-party arrangements, including assessment of gender impacts. Publish approved accessible versions and maintain version control and staff implementation guidance.

8.4. Non-disclosure agreements in GBV matters are prohibited unless expressly and voluntarily requested by the discloser. Never suggest, pressure or make support, remedies or resolution

conditional on an NDA. A requested agreement must not prevent seeking support or advice or IGI's Code reporting. Settlement terms must not include a non-disparagement clause that effectively silences the experience. The CEO obtains independent legal review of any discloser-requested agreement and records the voluntary request and permitted purpose without pressuring the person.

8.5. At each process commencement, explain any necessary, proportionate confidentiality restriction in writing, specifying the information, people, purpose, exceptions and end point. Restrictions protect another person's information or procedural integrity; they do not make lived experience confidential. At process closure, expressly release that process restriction. Allow family, friends, trusted people, advisers, clinicians, advocates, police, regulators and external review. The General Manager reviews scripts, forms, settlement terms and existing confidentiality practices for compliance and remedies any improper restriction.

8.6. IGI engages openly and promptly with the National Student Ombudsman, provides lawful access to accurate records and staff, and implements NSO recommendations relating to GBV prevention and response as required by the Code. The CEO assigns action owners, deadlines and evidence of implementation and reports completion and outstanding issues to the Board. External access is not conditional on exhausting internal processes.

9. Knowledge and capability – GBV Code Standard 3

9.1. The General Manager and Dean provide ongoing prevention learning for students, leadership and staff covering GBV and its drivers, consent and respectful relationships, power, intersecting inequalities, support/reporting routes and safe bystander responses. Co-design with specialists, students, staff, survivors and affected communities. Tailor learning to IGI's context and provide accessible, culturally appropriate delivery with a safe plan for disclosures during training.

9.2. Provide specialist disclosure-response training at onboarding and at least annually to staff, leadership and student leaders, developed with or approved by an accredited specialist, specialist organisation or GBV expert. Record completion, follow up missed training and evaluate learning, participant and expert feedback. Update prevention campaigns and training using evaluation findings; retain evidence of changes, not attendance alone.

9.3. Risk assessors must have GBV risk expertise, knowledge of static/dynamic risks and protective factors, coercive control and cohort competence. Formal-report handlers, investigators and disciplinary decision-makers need GBV knowledge, trauma-informed practice, procedural fairness, statement-taking and report-handling expertise. Require relevant training at least every three years for these formal-process roles. The CEO verifies competence before appointment and obtains external expertise when internal capacity is insufficient; urgent safety action continues immediately.

10. Safety and support – GBV Code Standard 4

10.1. Undertake a specialist risk assessment for every disclosure and formal report and monitor risks throughout, including retaliation, contact, coercive control, online harm and risks to others. Immediate protection and medical assistance must not wait for a form, investigation or senior approval. Call 000 in an Australian emergency. Consider the discloser's views when selecting safety measures and explain necessary actions and confidentiality limits.

10.2. Assign an appropriately skilled support person to develop a tailored plan collaboratively with the discloser. Prioritise urgent accredited-specialist and interpreter access; consider academic, work and living adjustments, safe contact and referrals. Minimise repeated accounts and explain process options and potential outcomes. Assign a different skilled support person to the respondent, with a separate plan addressing safety, assistance, adjustments and process information. Neither support person investigates or decides the case.

10.3. Student Services can arrange support through +61 2 7201 7300 during published business hours or support@igi.edu.au. Use the verified duty arrangements in the Critical Incident Procedure for after-hours IGI escalation; an unmonitored office number or inbox is not a 24-hour emergency service. External support includes 1800RESPECT (1800 737 732) and Lifeline (13 11 14), available

24 hours. The response lead arranges appropriate local, cultural, disability, legal or employee assistance and informs people of any external service costs before referral.

10.4. Access to support does not depend on formal reporting, participation in investigation, proof, a police report or agreement to confidentiality. Explain and arrange reasonable academic/work adjustments with authorised officers while sharing only necessary information. Monitor support provision and evaluate effectiveness at least every three years, sooner when duty of care or evidence requires; use voluntary feedback and objective evaluation to improve services.

11. Safe processes – GBV Code Standard 5

11.1. The Gender-based Violence Procedure provides distinct disclosure and formal-report routes through in-person, phone, email and online channels, including anonymous and third-party reports. Staff assist a person who approaches any IGI route and do not require the person to identify the right policy. Explain whether they seek support, a disclosure response or formal action, confirm their preferences and arrange a safe hand-off. Take reasonable proportionate action on anonymous information and monitor trends.

11.2. Disclosure pathways include agreed resolution, safety measures without investigation, no investigation in the circumstances, or investigation. Seek and consider the discloser's views before investigating a disclosure and explain that IGI may act where necessary for student or staff safety. Investigate all formal reports where the respondent is an IGI student or staff member wherever the conduct occurs; where that status is the only connection, scope the investigation to student/staff safety and wellbeing. Explain jurisdictional limits and support/referral for other respondents.

11.3. An independent, competent investigator collects and assesses relevant information fairly. Notify the discloser first and respondent on the same day when investigation begins. Allow each party a support person when asked about the matter and do not require physical evidence. Give the respondent sufficient particulars and adverse material to respond, using safe arrangements and protecting unnecessary personal information. Do not require direct confrontation or assume that a criminal process resolves IGI's responsibilities.

11.4. After investigation, consider proportionate agreed resolution, safety measures without discipline, no disciplinary action, or disciplinary proceedings. A separate authorised decision-maker determines substantiated conduct on the balance of probabilities, with evidence sufficiently cogent for the seriousness of the allegation, and applies proportionate sanctions. Possible sanctions include restrictions, education, warnings, suspension or exclusion/expulsion, or lawful employment action. Support and ongoing risk management continue independently of findings.

11.5. Design and administer formal-report investigation and disciplinary processes to finish within 45 business days from receipt of the formal report. The CEO must be satisfied that any extension is required by the particular circumstances; record reasons, revised deadline, risk controls and communications. Do not routinely suspend the clock for staffing gaps, holidays or police involvement. Give progress updates at agreed intervals and at least every ten business days unless the person requests otherwise.

11.6. Unless the discloser requests otherwise, provide written investigation, disciplinary and appeal outcomes to the discloser on the same day as the respondent; include disciplinary/appeal decisions, relevant sanctions, reasons and internal/external complaint rights, including NSO access. Explain process confidentiality ending and continuing record privacy. Respect safe-contact preferences and record delivery attempts; outcomes must not be hidden behind a blanket privacy assertion.

11.7. Offer independent internal review under the Procedure to both parties. Finalise appeals within 20 business days; the CEO must be satisfied that any extension is required and documented. If the respondent appeals and the discloser was notified of the disciplinary outcome, inform the discloser within two business days of lodgement and explain possible outcomes. Observe procedural fairness and any National Code 2018 enrolment/reporting safeguards separately; a GBV allegation alone does not authorise PRISMS action.

12. Data, evidence and impact – GBV Code Standard 6

12.1. The General Manager appoints a data custodian and maintains a secure case system and Code-aligned data dictionary. Record disclosures, formal reports, incidents, channels, dates, assessments, support, adjustments, investigation/discipline/appeal outcomes, sanctions, justified extensions and NDA requests/execution. Distinguish people, incidents and cases to avoid double counting. Collect prescribed demographic and enrolment/engagement characteristics sensitively; explain purpose, lawful basis and choices, allow unknown/not-disclosed values and never make support conditional on answering demographic questions.

12.2. Keep identifiable case and health information in restricted files, separate from routine records, with approved secure storage, role-based permissions, access logging and secure transfers. Preserve original evidence and legal holds. The custodian applies a documented retention/disposal schedule covering legal, safeguarding, insurance and regulatory needs; National Code 2018 critical-incident records must be retained for at least two years after an overseas student ceases to be accepted. Do not treat that minimum as permission to destroy a GBV record subject to longer requirements.

12.3. Use de-identified process, incident, support, timing, outcome and demographic information for regulator submissions and Board assurance. Check data quality and re-identification risk, including small groups and combinations of attributes. Supply information in the Secretary's required form and publish only as required and with privacy safeguards. The CEO approves submissions and retains the version, reconciliation and submission evidence.

12.4. Use findings to improve the Plan, Gender Equality Action Plan, policies, systems, training and services. Evaluate objectively and report both implementation and outcomes: training/awareness, safe access, response timeliness, support experience, repeated harm, barriers, action effectiveness and gender equality. Interpret disclosure volumes alongside trust and awareness; low reporting is not proof of safety. Incorporate relevant student-accommodation data and record consultation influence and feedback.

13. Safe student accommodation – GBV Code Standard 7

13.1. The General Manager maintains an evidence-based inventory of accommodation IGI owns, operates, manages, controls or is affiliated with, including website listings, promotion, intellectual-property use and service agreements. Apply the Code's definitions and exclusions rather than assuming that all private rentals or homestays fall within Standard 7. Review before new listings or arrangements and at least annually. Do not assert that IGI has no relevant accommodation without checking these relationships.

13.2. For directly owned, operated or managed accommodation, apply all Code standards and specific staff declarations, relationship/conflict controls and tailored resident/staff training. Take immediate proportionate protection; assess risk within 48 hours or immediately if required and develop and implement desired support plans with the discloser and respondent within 48 hours using separate support staff. Consider safe relocation, including the respondent, without automatically burdening the discloser. Following substantiation, permanently remove a person where necessary for resident safety after seeking and considering the discloser's views.

13.3. For controlled accommodation, require arrangements implementing Standards 7.2–7.8: a published prevention plan updated at least four-yearly, safe recruitment/relationships, compliant policy reviewed at least three-yearly, NDA restrictions, tailored training, expert risk assessment, support, safe processes and Code-aligned data. A discloser may elect IGI to lead the response and the accommodation provider must cooperate and implement outcomes. Otherwise require immediate protection, 48-hour risk/support duties and lawful information sharing, with consent or a documented safety basis or a non-identifying management update as the Code allows.

13.4. For affiliated accommodation, do everything reasonably possible to amend existing binding arrangements or establish binding written arrangements meeting Standards 7.2–7.8. If an affiliate refuses, the CEO must report its name to the Secretary and IGI must cease authorising use of its

intellectual property/domain names, advertising or promoting it, and agreements reserving student places. Keep negotiation, decision and reporting evidence and protect affected students through safe transition/support. These safeguards also apply when an arrangement is reviewed or renewed.

14. Implementation, reporting and assurance

14.1. By 31 October 2026, the CEO must confirm the accountable GBV response lead/deputy, Board safety expertise, budget and internal/external specialist capacity. The General Manager completes a seven-standard gap assessment, accommodation inventory, recruitment/relationship and confidentiality review, and a risk/action register. Each gap has an owner, due date, evidence and escalation route; do not mark capability or coverage as operational until verified.

14.2. By 30 November 2026, the CEO coordinates safe consultation, the mandatory NUHEP Plan and outcomes template, Gender Equality Action Plan and data baseline design. Set priorities informed by evidence, including prevention, leadership and workplace equity, safety/support access, fair processes and cohort needs. The Dean and General Manager assign academic and employment actions with measurable outcomes and resourcing. Record participation and how feedback changed the proposal.

14.3. By December 2026, the Board considers the Policy, Procedure, consulted Plan, Gender Equality Action Plan and outcomes framework, with an evidence pack covering staff training, tested reporting/after-hours routes, specialist service arrangements, response templates, secure data controls and accommodation actions. Publish approved accessible documents, communicate them and submit the Plan and outcomes framework to the GBV Regulator by 1 January 2027. Approval or publication alone does not demonstrate implementation; unresolved gaps require immediate CEO/Board action.

14.4. The General Manager maintains the reporting calendar: accommodation names by 30 June 2027 and annually thereafter; the first annual GBV data submission by 30 June 2028 for calendar year 2027, then annually; CEO progress reports on the Plan/outcomes by 1 January 2029 and every two years thereafter; and refreshed Plan/outcomes submissions by 1 January 2031 and every four years thereafter. Provide ad hoc required information and report non-agreeing accommodation affiliates as required. Verify any regulator-directed changes to submission arrangements.

14.5. Report against the outcomes framework to the Board at least every six months from commencement and escalate material non-compliance immediately. The CEO reviews overdue or ineffective actions and ensures timely regulator engagement, revision and submission following feedback. Review the Policy, Procedure and support services at least three-yearly, prevention/training continuously, and the Plan whenever needed as well as its four-year cycle. Institutional consultation, staffing, agreements, publication and submissions must be evidenced; this draft does not certify that they have occurred.

15. References

- Higher Education Standards Framework (Threshold Standards) 2021, Compilation No. 2 (14 July 2026)
- Education Services for Overseas Students Act 2000 (Cth)
- Education Services for Overseas Students Regulations 2019
- The National Code of Practice for Providers of Education and Training to Overseas Students 2018 (The National Code)
- Tertiary Education Quality and Standards Agency Act 2011 (Cth)
- TEQSA Guidance Note: Wellbeing and Safety

- National Higher Education Code to Prevent and Respond to Gender-based Violence 2025
- Regulatory Guidance for the National Higher Education Code to Prevent and Respond to Gender-based Violence, 2026

- Guidance on Collecting Annual Reporting Data under the National Higher Education Code, 2026
- Universities Accord (National Higher Education Code to Prevent and Respond to Gender-based Violence) Act 2025 (Cth)
- Higher Education GBV Regulator: Statement of Regulatory Expectations – Confidentiality, non-disclosure agreements and compliance with the National Code (August 2026); Key Reporting Requirements (June 2026); mandatory NUHEP Plan and Outcomes Framework template (August 2026). Available at https://www.education.gov.au/resources/highereducationgbvregulator
- Sex Discrimination Act 1984 (Cth); Privacy Act 1988 (Cth); Fair Work Act 2009 (Cth); Work Health and Safety Act 2011 (NSW); Anti-Discrimination Act 1977 (NSW); Crimes Act 1900 (NSW); Child Protection (Working with Children) Act 2012 (NSW); relevant child-protection and health-privacy law.
- IGI Governance Charter, version 3.0 (20 April 2026), and Delegation of Authority Register, version 1.0 (28 July 2026).

16. Document History

Version	Date	Author	Reason	Sections
1.0	Jun 2022	PBL Education	New policy	All
1.1	Oct 2023	IGI	Rebrand and minor amendments	All
1.1	April 2026	IGI	Policy next review date extended to Oct 2026, following PBL governance review and restructure in March-Apr 2026.	All
1.2	August 2026	IGI	TEQSA/HESF regulatory review.	National Code governance and whole-of-organisation scope
1.2 (Draft)	September 2026	IGI	VV feedback: replaced SASH scope with all-seven-standard GBV policy, accountable implementation, support/process safeguards and reporting.	All